MISSOUR! DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELL Primary Registration District No. 1002 Registrar's No. Registration District No. DO NOT WRITE AMENDED ON THIS STUB THE BLANK 2. USUAL RESIDENCE (Where deceased lived.) If institution: Residence before a. COUNTY P. COUNTA VS 300 admission) AMENDED Jackson Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits OR TOWN TOWN Kansas City Yes D No 🗆 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET Reside on Farm DATE, HOSPITAL OR ADDRESS INSTITUTION Yes No 🗆 Yes,□ No 🗀 イソむ 3. NAME OF DECEASED DATE Month Last (Type or print) DEATH unknown Male IF UNDER 24 HR 0 9. AGE (last birthday) IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. Married 🔲 8. DATE OF BIRTH Never Married Months Hours Widowed Divorced male 0 white bo 55 wa 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (City and state or country) during most of working life, even if retired) 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of 60 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Burns any Entry hock IMMEDIATE CAUSE (a) DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. if deceased CERTIFICATION there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS □ No ☐ Yes □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I_or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? Month, Day, Year 20c. TIME OF Hou RIBBON INJURY a.m. 1-1-63 p.m. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK READ *LYPEWRITER* 21. I attended the deceased from. m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at USE 22c. DATE SIGNED 22b. ADDRESS (State) 23F NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) 23b. DATE 23a, BURIAL, CREMATION, REMOVAL (Specify) ģ Lakburia/ TEM 24. FUNERAL DIRECTOR

Kansas City, Mo.

Sheil Mortuary

Ch. 11-14

TATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No	
working under my personal supervision.				
Student	Signature of Student Embalmer	\$igned		<u></u>
			Licensed Embalmer No	
		-		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply, with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

5.4 \ End